2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000024315

Entity Name
 AIRPORT & GLADES, LLC



Principal Place of Business

225 N. MICHIGAN, 11TH FLOOR C/O BRADLEY ASSOCIATES CHICAGO, IL 60601 Mailing Address

225 N. MICHIGAN, 11TH FLOOR C/O BRADLEY ASSOCIATES CHICAGO, IL 60601

FILED Jul 18, 2005 08:00 AM Secretary of State



07122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0089204 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida the obligations of registered agent.	I am familiar with, and accept
	The stall gate to the grade set again.	
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(NOTE Registered Agent signature required when reinstating)

Filing Fee Is \$50.00 Due by September 7, 2005

U00000373203 07/18/05-80006-005 50.00

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAROL, SHERWIN 225 N. MICHIGAN, 11TH FLOOR CHICAGO, IL 60601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exe			

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SURVING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #